

FORM
5Rev
09/14

State of Colorado

Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



DE ET OE ES

Document Number:

400894894

Date Received:

DRILLING COMPLETION REPORT

This form is to be submitted within 30 days of the setting of production casing, the plugging of a dry hole, the deepening or sidetracking of a well, or any time the wellbore configuration is changed. If the well is deepened or sidetracked a new Form 5 is required. If an attempt has been made to complete/produce a well, then the operator shall submit Form 5A (Completed Interval Report.) If the well has been plugged, a form 6 (Well Abandonment Report) is required.

Completion Type ☒ Final completion ☐ Preliminary completion

OGCC Operator Number: 47120

Contact Name: ILA BEALE

Name of Operator: KERR MCGEE OIL & GAS ONSHORE LP

Phone: (720) 929-6408

Address: P O BOX 173779

Fax:

City: DENVER

State: CO

Zip: 80217-

API Number 05-069-06479-00

County: LARIMER

Well Name: ENCORE

Well Number: 1C-12HZ

Location: QtrQtr: NWNW Section: 12 Township: 5N Range: 68W Meridian: 6

Footage at surface: Distance: 461 feet Direction: FNL Distance: 279 feet Direction: FWL

As Drilled Latitude: 40.420436 As Drilled Longitude: -104.963089

GPS Data:

Date of Measurement: 07/07/2015 PDOP Reading: 2.0 GPS Instrument Operator's Name: Carli Sloan

** If directional footage at Top of Prod. Zone Dist.: 472 feet. Direction: FNL Dist.: 867 feet. Direction: FEL

Sec: 11 Twp: 5N Rng: 68W

** If directional footage at Bottom Hole Dist.: 490 feet. Direction: FNL Dist.: 51 feet. Direction: FEL

Sec: 12 Twp: 5N Rng: 68W

Field Name: WATTENBERG

Field Number: 90750

Federal, Indian or State Lease Number:

Spud Date: (when the 1st bit hit the dirt) 07/02/2015 Date TD: 08/07/2015 Date Casing Set or D&A: 08/08/2015

Rig Release Date: 08/21/2015 Per Rule 308A.b.

Well Classification:

☐ Dry ☒ Oil ☐ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation

Total Depth MD 14168 TVD** 7304 Plug Back Total Depth MD 14064 TVD** 7308

Elevations GR 4991 KB 5007 Digital Copies of ALL Logs must be Attached per Rule 308A ☐

List Electric Logs Run:

CBL; GR

CASING, LINER AND CEMENT

Casing Type	Size of Hole	Size of Casing	Wt/Ft	Csg/Liner Top	Setting Depth	Sacks Cmt	Cmt Top	Cmt Bot	Status
CONDUCTOR	26	16	42.1	0	56	36	0	56	VISU
SURF	13+1/2	9+5/8	36	0	1,861	718	0	1,861	VISU
1ST	8+1/2	5+1/2	17	0	14,159	2,010	136	14,159	CALC

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: _____

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom

Details of work:

FORMATION LOG INTERVALS AND TEST ZONES

FORMATION NAME	Measured Depth		Check if applies		COMMENTS (All DST and Core Analysis must be submitted to COGCC)
	Top	Bottom	DST	Cored	
SUSSEX	4,771				
SHARON SPRINGS	7,177				
NIOBRARA	7,389				
FORT HAYS	7,751				
CODELL	7,797				
CARLILE	7,887				

Comment:

Due to anti-collision needs and the variability of directional drilling, our as-drilled BHL could be different than the permitted.
A res tool was run from the LWD tool for the ENCORE 26N-12HZ (04-069-06481).

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____

Print Name: ILA BEALE

Title: STAFF REG. SPECIALIST

Date: _____

Email: rscdjpostdrill@anadarko.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
400894915	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400894914	Directional Survey **	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	DST Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Logs	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Other	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
<u>Other Attachments</u>			
400894909	PDF-MEASUREMENT/LOGGING WHILE DRILLING	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400894910	LAS-MEASUREMENT/LOGGING WHILE DRILLING	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400894913	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400905783	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)